PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

500-40611x00

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
			(Column 1)		A		1	RATE	FEE	Γ	RATE	FEE
TOTAL CLAIMS			38		NUMBER EXTRA			BASIC FEE	355.00	OR E	SASIC FEE	710.00
FOR			NUMBER FILED					X\$ 9=		OR	X\$18=	324
TOTAL CHARGEABLE CLAIMS 38 minu								X40=		1 1	X80=	7.0
INDEPENDENT CLAIMS minus 3 =					5			A40=		OR	+270=	160
MULTIPLE DEPENDENT CLAIM PRESENT							J	+135=		OR		1,194
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	L	OR	TOTAL OTHER	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						(Column 3	3)	SMALL	ENTITY	OR	SMALL	ENTITY
TA		(Column 1) CLAIMS REMAINING AFTER		HIG NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT		AMENDMENT	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>
S -	Total '	*	Minus	***		=		X40=		OR	X80=	
AM-	FIRST PRESEN	ITATION OF	MULTIPLE DEP	ENDE	NT CLAIM		لـ	+135=		OR	+270=	
								TOTAL		OF	· TOTA	
							۵۱	ADDIT. FE	<u> </u>		ADDITION	
		(Column 1			lumn 2) GHEST	(Column	3)		ADDI-	7		ADDI-
1 B		CLAIMS REMAINING AFTER		N PRE	UMBER EVIOUSLY AID FOR	PRESEN EXTRA		RATE	TIONA FEE		RATE	TIONAL FEE
MEN		AMENDMEN *	Minus	**		=		X\$ 9=		01	R X\$18:	=
AMENDMENT	Total Independent	*	Minus	***		=		X40=		0	R X80=	:
₩§	FIRST PRESE	NTATION OF	MULTIPLE DE	PEND	ENT CLAI	М 🗌		+135=		\neg	B +270	=
-								TOT	AL		TO R ADDIT. F	TAL EE
								ADDIT. F	:E I		ADDITE	
		(Column	1)		olumn 2	(Colum	n 3)	1	ADD		Γ	ADDI
10 L	The state of	CLAIMS REMAININ AFTER		PF	NUMBER REVIOUSL' PAID FOR	Y PRESE		RATE	L .	AL	RAT	E TIONA FEE
MEN		AMENDME	Minus	**	71101011	=		X\$ 9	=		OR X\$1	8=
AMENDMENT	Total Independent	*	Minus	**		=		X40=	_	\neg	OR X80)=
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_	_	OR +27	0=
-	a write "0" in column 3.							L	TAL		- L	OTAL
	 If the entry in co If the "Highest I 	olumn 1 is less t Number Previou	han the entry in custy Paid For" IN 1	HIS SF	PACE is les	s than 20, enters than 3, enters	er "20 er "3."	D." ADDIT. F	EE		AUUIT	
-	** If the "Highest I	Number Previou	usly Paid For" IN sly Paid For" (Total	l or Ind	ependent)	is the highest	numl	per found in th	e appropria	ite box	IU COIMIIII I	